

Johnson Diligence Response

Sent/Received

RESCAP

JUL 16 2013

MORRISON | FOERSTER

To: _____
By: KT

Claim Information

| | |
|---|---|
| Claim Number | 1660 |
| Basis of Claim Explanation that states the legal and factual reasons why you believe you are owed money or are entitled to other relief from one of the Debtors as of May 14, 2012 (the date the Debtors filed their bankruptcy cases) and, you must provide copies of any and all documentation that you believe supports the basis for your claim. | <i>Claim under Independent Foreclosure Review. Should be in review process now.</i> |

If your claim relates to a mortgage loan that you believe was originated or serviced by one of the Debtors, please be sure to include the following loan information, so that we can effectively search our records for information on your property and loan, and evaluate your claim.

| | | |
|--|---------------------|---------------------------|
| Loan Number: <i>Originally GMAC mty # [REDACTED] 8305</i> <i>now Green tree # [REDACTED] 6544</i> | | |
| Address of property related to the above loan number: <i>2045 Esquire Lane</i> | | |
| City: <i>Racine</i> | State: <i>WI</i> | ZIP Code: <i>53406</i> |

Additional resources may be found at - <http://www.kccllc.net/rescap>

Residential Capital, LLC P.O. Box 385220 Bloomington, MN 55438

Claim Number: 1660
Nikki C. Johnson
Type: POC

B 19 (Official Form 10) (04/10)

Claim #1660 Date Filed: 10/24/2012

| UNITED STATES BANKRUPTCY COURT | | PROOF OF CLAIM |
|--|--|---|
| Name of Debtor: Residential Capital, LLC, et al | | Case Number: 12-12020 (MG) |
| <i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i> | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): Nikki C. Johnson | | <p>Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> |
| Name and address where notices should be sent: 2045 Esquire Lane Racine, WI 53406 | | |
| Telephone number: (262) 260-8693 | | |
| Name and address where payment should be sent (if different from above): Telephone number: | | <p>Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p> |
| 1. Amount of Claim as of Date Case Filed: \$ <u>10 review</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. | | |
| 2. Basis for Claim: <u>Acts of debtor</u> (See instruction #2 on reverse side.) | | <p>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).</p> <p><input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().</p> <p>Amount entitled to priority: \$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p> |
| 3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) | | |
| 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | | |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. | | |
| 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: | | |
| Date: <u>10-22-12</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Nikki C. Johnson | | <p>RECEIVED</p> <p>OCT 24 2012</p> <p>KURTZMAN CARSON CONSULTANTS</p> |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



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The Independent Foreclosure Review is in process and my loan is being reviewed. It is determining if I suffered financial injury as a result of errors or other problems during the foreclosure process. I have no idea what if anything I am owed but there is a website that lists possible compensation.

IndependentForeclosureReview.com/Remediation.aspx

Sincerely,

A handwritten signature in black ink, appearing to read "Nikki C. Johnson", with a long, sweeping horizontal line extending to the right.

Nikki C. Johnson

Scott Russell & Nikki Johnson
2045 Esquire Lane
Racine, WI 53406

Residential Capital LLC
P.O. Box 385226
Bloomington, IN 55438

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12 JAN 2013 PM 7:1

